

**FEC  
FORM 3X****REPORT OF RECEIPTS  
AND DISBURSEMENTS**  
For Other Than An Authorized Committee

Office Use Only

1. NAME OF COMMITTEE (in full) TYPE OR PRINT ▼ Example: If typing, type over the lines.

12FE4M5

UNITED FOOD AND COMMERCIAL WORKERS INTERNATIONAL UNION ACTIVE BALLOT CLUB

ADDRESS (number and street) ▼

1775 K STREET N.W.

☐ Check if different than previously reported. (ACC)

Washington

DC

20006

2. FEC IDENTIFICATION NUMBER ▼

CITY ▲

STATE ▲

ZIP CODE ▲

C C00002766

3. IS THIS  
REPORT☒NEW  
(N)

OR

☐AMENDED  
(A)

## 4. TYPE OF REPORT

(Choose One)

(a) Quarterly Reports:

☐ April 15  
Quarterly Report (Q1)☐ July 15  
Quarterly Report (Q2)☐ October 15  
Quarterly Report (Q3)☐ January 31  
Year-End Report (YE)☐ July 31 Mid-Year  
Report (Non-election  
Year Only) (MY)☐ Termination Report  
(TER)(b) Monthly  
Report  
Due On:☐ Feb 20 (M2)☐ May 20 (M5)☐ Aug 20 (M8)☐ Nov 20 (M11)  
(Non-Election  
Year Only)☒ Mar 20 (M3)☐ Jun 20 (M6)☐ Sep 20 (M9)☐ Dec 20 (M12)  
(Non-Election  
Year Only)☐ Apr 20 (M4)☐ Jul 20 (M7)☐ Oct 20 (M10)☐ Jan 31 (YE)

(c) 12-Day

PRE-Election

Report for the:

☐ Primary (12P)☐ Convention (12C)☐ General (12G)☐ Special (12S)☐ Runoff (12R)

Election on

M M M / D D D / Y Y Y Y Y Y

in the  
State of

(d) 30-Day

POST-Election

Report for the:

☐ General (30G)☐ Runoff (30R)☐ Special (30S)

Election on

M M M / D D D / Y Y Y Y Y Y

in the  
State of

5. Covering Period

M M M / D D D / Y Y Y Y Y Y  
02 01 2014

through

M M M / D D D / Y Y Y Y Y Y  
02 28 2014

I certify that I have examined this Report and to the best of my knowledge and belief it is true, correct and complete.

Type or Print Name of Treasurer Anthony M. Perrone

Signature of Treasurer

Anthony M. Perrone

[Electronically Filed]

Date

M M M / D D D / Y Y Y Y Y Y  
03 20 2014

NOTE: Submission of false, erroneous, or incomplete information may subject the person signing this Report to the penalties of 2 U.S.C. §437g.

Office  
Use  
Only**FEC FORM 3X**  
Rev. 12/2004

# SUMMARY PAGE OF RECEIPTS AND DISBURSEMENTS

FEC Form 3X (Rev. 02/2003)

Page 2

Write or Type Committee Name

UNITED FOOD AND COMMERCIAL WORKERS INTERNATIONAL UNION ACTIVE BALLOT CLUB

Report Covering the Period: From: M M / D D / Y Y Y Y Y 02 / 01 / 2014 To: M M / D D / Y Y Y Y Y 02 / 28 / 2014

	COLUMN A This Period	COLUMN B Calendar Year-to-Date
6. (a) Cash on Hand January 1, <span style="border: 1px solid black; padding: 2px;">Y Y Y Y Y</span> 2014		5710667.30
(b) Cash on Hand at Beginning of Reporting Period.....	5962851.46	
(c) Total Receipts (from Line 19) .....	437610.54	907154.41
(d) Subtotal (add Lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B).....	6400462.00	6617821.71
7. Total Disbursements (from Line 31) .....	510600.00	727959.71
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d)) .....	5889862.00	5889862.00
9. Debts and Obligations Owed <b>TO</b> the Committee (Itemize all on Schedule C and/or Schedule D) .....	0.00	
10. Debts and Obligations Owed <b>BY</b> the Committee (Itemize all on Schedule C and/or Schedule D) .....	0.00	

☒ This committee has qualified as a multicandidate committee. (see FEC FORM 1M)

## For further information contact:

Federal Election Commission  
999 E Street, NW  
Washington, DC 20463

Toll Free 800-424-9530  
Local 202-694-1100

# **DETAILED SUMMARY PAGE** of Receipts

FEC Form 3X (Rev. 06/2004)

Page 3

Write or Type Committee Name

UNITED FOOD AND COMMERCIAL WORKERS INTERNATIONAL UNION ACTIVE BALLOT CLUB

Report Covering the Period:

From:

M M / D D / Y Y Y Y  
02 01 2014

To:

M M / D D / Y Y Y Y  
02 28 2014
**I. Receipts**
**COLUMN A**  
**Total This Period**
**COLUMN B**  
**Calendar Year-to-Date**

## 11. Contributions (other than loans) From:

## (a) Individuals/Persons Other

Than Political Committees

(i) Itemized (use Schedule A).....

9214.35

9464.37

(ii) Unitemized .....

428197.49

897278.09

(iii) TOTAL (add

Lines 11(a)(i) and (ii)..... ▶

437411.84

906742.46

(b) Political Party Committees .....

0.00

0.00

(c) Other Political Committees

(such as PACs).....

0.00

0.00

(d) Total Contributions (add Lines

11(a)(iii), (b), and (c)) (Carry

Totals to Line 33, page 5) .....

437411.84

906742.46

## 12. Transfers From Affiliated/Other

Party Committees.....

0.00

0.00

## 13. All Loans Received .....

0.00

0.00

## 14. Loan Repayments Received.....

0.00

0.00

## 15. Offsets To Operating Expenditures

(Refunds, Rebates, etc.)

(Carry Totals to Line 37, page 5).....

0.00

0.00

## 16. Refunds of Contributions Made

to Federal Candidates and Other

Political Committees.....

0.00

0.00

## 17. Other Federal Receipts

(Dividends, Interest, etc.).....

198.70

411.95

## 18. Transfers from Non-Federal and Levin Funds

(a) Non-Federal Account

(from Schedule H3) .....

0.00

0.00

(b) Levin Funds (from Schedule H5) .....

0.00

0.00

(c) Total Transfers (add 18(a) and 18(b))..

0.00

0.00

## 19. Total Receipts (add Lines 11(d),

12, 13, 14, 15, 16, 17, and 18(c))..... ▶

437610.54

907154.41

## 20. Total Federal Receipts

(subtract Line 18(c) from Line 19) .....

437610.54

907154.41

# **DETAILED SUMMARY PAGE** of Disbursements

FEC Form 3X (Rev. 02/2003)

Page 4

II. Disbursements	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
21. Operating Expenditures:		
(a) Allocated Federal/Non-Federal Activity (from Schedule H4)		
(i) Federal Share .....	0.00	0.00
(ii) Non-Federal Share.....	0.00	0.00
(b) Other Federal Operating Expenditures .....	1500.00	3609.71
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii), and (b)) .....	1500.00	3609.71
22. Transfers to Affiliated/Other Party Committees.....	0.00	0.00
23. Contributions to Federal Candidates/Committees and Other Political Committees.....	140600.00	232100.00
24. Independent Expenditures (use Schedule E) .....	0.00	0.00
25. Coordinated Party Expenditures (2 U.S.C. §441a(d)) (use Schedule F).....	0.00	0.00
26. Loan Repayments Made.....	0.00	0.00
27. Loans Made.....	0.00	0.00
28. Refunds of Contributions To:		
(a) Individuals/Persons Other Than Political Committees .....	0.00	0.00
(b) Political Party Committees .....	0.00	0.00
(c) Other Political Committees (such as PACs).....	0.00	0.00
(d) Total Contribution Refunds (add Lines 28(a), (b), and (c)).....	0.00	0.00
29. Other Disbursements .....	368500.00	492250.00
30. Federal Election Activity (2 U.S.C. §431(20))		
(a) Allocated Federal Election Activity (from Schedule H6)		
(i) Federal Share .....	0.00	0.00
(ii) "Levin" Share.....	0.00	0.00
(b) Federal Election Activity Paid Entirely With Federal Funds .....	0.00	0.00
(c) Total Federal Election Activity (add .. Lines 30(a)(i), 30(a)(ii) and 30(b))....	0.00	0.00
31. Total Disbursements (add Lines 21(c), 22, 23, 24, 25, 26, 27, 28(d), 29 and 30(c)) ..	510600.00	727959.71
32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31).....	510600.00	727959.71

**DETAILED SUMMARY PAGE**  
of Disbursements

FEC Form 3X (Rev. 02/2003)

Page 5

III. Net Contributions/Operating Expenditures	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
33. Total Contributions (other than loans) (from Line 11(d), page 3) .....	437411.84	906742.46
34. Total Contribution Refunds (from Line 28(d)) .....	0.00	0.00
35. Net Contributions (other than loans) (subtract Line 34 from Line 33) .....	437411.84	906742.46
36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b)) ..... ►	1500.00	3609.71
37. Offsets to Operating Expenditures (from Line 15, page 3).....	0.00	0.00
38. Net Operating Expenditures (subtract Line 37 from Line 36) ..... ►	1500.00	3609.71

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 6 OF 40

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

**UNITED FOOD AND COMMERCIAL WORKERS INTERNATIONAL UNION ACTIVE BALLOT CLUB**

Full Name (Last, First, Middle Initial)

**A. NICKOLAS ABONDOLO**

Mailing Address 38 BOLIVAR STREET

City

STATEN ISLAND

State

NY

Zip Code

10314-5604

FEC ID number of contributing  
federal political committee.

C

Name of Employer

UFCW Local No. 342

Occupation

L/U Representative

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
02 / 04 / 2014

**Transaction ID : 12236770**

Amount of Each Receipt this Period

300.00

Full Name (Last, First, Middle Initial)

**B. RICHARD ABONDOLO**

Mailing Address 18 GENOLA AVENUE

City

SEA CLIFF

State

NY

Zip Code

11579-2112

FEC ID number of contributing  
federal political committee.

C

Name of Employer

UFCW Local No. 342

Occupation

L/U Representative

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
02 / 04 / 2014

**Transaction ID : 12236771**

Amount of Each Receipt this Period

300.00

Full Name (Last, First, Middle Initial)

**C. STEPHEN T BOORAS**

Mailing Address 183 ANNADALE ROAD

City

STATEN ISLAND

State

NY

Zip Code

10312-1537

FEC ID number of contributing  
federal political committee.

C

Name of Employer

UFCW Local No. 342

Occupation

L/U Representative

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
02 / 04 / 2014

**Transaction ID : 12236772**

Amount of Each Receipt this Period

300.00

**SUBTOTAL** of Receipts This Page (optional)..... ►

**TOTAL** This Period (last page this line number only)..... ►

900.00

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

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☒ 11a ☐ 11b ☐ 11c ☐ 12  
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NAME OF COMMITTEE (In Full)

**UNITED FOOD AND COMMERCIAL WORKERS INTERNATIONAL UNION ACTIVE BALLOT CLUB**

Full Name (Last, First, Middle Initial)

## **A. RAFAEL CASTILLO**

Mailing Address 1640 STEPHEN STREET  
FIRST FLOOR

City State Zip Code  
RIDGEWOOD NY 11385-5346

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
UFCW Local No. 342

Occupation  
L/U Representative

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
02 / 04 / 2014

**Transaction ID : 12236773**

Amount of Each Receipt this Period

300.00

Full Name (Last, First, Middle Initial)

## **B. BRIAN CUGINI**

Mailing Address 166 East Jericho Turnpike

City State Zip Code  
Mineola NY 11501-2033

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
UFCW Local No. 342

Occupation  
L/U Representative

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
02 / 04 / 2014

**Transaction ID : 12236774**

Amount of Each Receipt this Period

300.00

Full Name (Last, First, Middle Initial)

## **C. ANDREW A DEANGELIS**

Mailing Address 162 LAMOKA AVENUE

City State Zip Code  
STATEN ISLAND NY 10308-2234

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
UFCW Local No. 342

Occupation  
L/U Representative

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
02 / 04 / 2014

**Transaction ID : 12236775**

Amount of Each Receipt this Period

300.00

**SUBTOTAL** of Receipts This Page (optional)..... ►

**TOTAL** This Period (last page this line number only)..... ►

900.00

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

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FOR LINE NUMBER: PAGE 8 OF 40  
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NAME OF COMMITTEE (In Full)

**UNITED FOOD AND COMMERCIAL WORKERS INTERNATIONAL UNION ACTIVE BALLOT CLUB**

Full Name (Last, First, Middle Initial)

**A. SANDRA L DIAZ**

Mailing Address 2558 PIT KIN AVENUE  
SECOND FLOOR FRONT

City State Zip Code  
BROOKLYN NY 11208-2422

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
UFCW Local No. 342

Occupation  
L/U Representative

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y Y  
02 / 04 / 2014

**Transaction ID : 12236776**

Amount of Each Receipt this Period

300.00

Full Name (Last, First, Middle Initial)

**B. KELLY A EGAN**

Mailing Address 76 EUNICE PLACE

City State Zip Code  
STATEN ISLAND NY 10303-2106

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
UFCW Local No. 342

Occupation  
L/U Representative

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y Y  
02 / 04 / 2014

**Transaction ID : 12236777**

Amount of Each Receipt this Period

300.00

Full Name (Last, First, Middle Initial)

**C. JOHN B FERETTI**

Mailing Address 3 SPRINGS LAKE DRIVE

City State Zip Code  
WHITE PLAINS NY 10604-2850

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
UFCW Local No. 342

Occupation  
L/U Representative

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y Y  
02 / 04 / 2014

**Transaction ID : 12236778**

Amount of Each Receipt this Period

300.00

**SUBTOTAL** of Receipts This Page (optional)..... ►

**TOTAL** This Period (last page this line number only)..... ►

900.00



# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

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NAME OF COMMITTEE (In Full)

**UNITED FOOD AND COMMERCIAL WORKERS INTERNATIONAL UNION ACTIVE BALLOT CLUB**

Full Name (Last, First, Middle Initial)

**A. BRIAN J GABEL**

Mailing Address 102 FIRESTONE CT

City

SUMMERVILLE

State

SC

Zip Code

29483-5186

FEC ID number of contributing  
federal political committee.

C

Name of Employer

UFCW Local No. 342

Occupation

L/U Representative

Receipt For:

☐ Primary  
☐ Other (specify) ▼

☐ General

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
02 / 04 / 2014

**Transaction ID : 12236779**

Amount of Each Receipt this Period

300.00

Full Name (Last, First, Middle Initial)

**B. BRUCE GSELL**

Mailing Address 166 East Jericho Turnpike

City

Mineola

State

NY

Zip Code

11501-2033

FEC ID number of contributing  
federal political committee.

C

Name of Employer

UFCW Local No. 342

Occupation

L/U Representative

Receipt For:

☐ Primary  
☐ Other (specify) ▼

☐ General

Aggregate Year-to-Date ▼

240.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
02 / 04 / 2014

**Transaction ID : 12236780**

Amount of Each Receipt this Period

240.00

Full Name (Last, First, Middle Initial)

**C. PETER J IACONO**

Mailing Address 1826 WEST 5TH STREET

City

BROOKLYN

State

NY

Zip Code

11223-2638

FEC ID number of contributing  
federal political committee.

C

Name of Employer

UFCW Local No. 342

Occupation

L/U Representative

Receipt For:

☐ Primary  
☐ Other (specify) ▼

☐ General

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
02 / 04 / 2014

**Transaction ID : 12236781**

Amount of Each Receipt this Period

300.00

**SUBTOTAL** of Receipts This Page (optional)..... ►

840.00

**TOTAL** This Period (last page this line number only)..... ►

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

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NAME OF COMMITTEE (In Full)

**UNITED FOOD AND COMMERCIAL WORKERS INTERNATIONAL UNION ACTIVE BALLOT CLUB**

Full Name (Last, First, Middle Initial)

**A. ROBERT R LAZZARO**

Mailing Address 751 BERMUDA ROAD

City

WEST BABYLON

State

NY

Zip Code

11704-7426

FEC ID number of contributing  
federal political committee.

C

Name of Employer

UFCW Local No. 342

Occupation

L/U Representative

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
02 / 04 / 2014

**Transaction ID : 12236782**

Amount of Each Receipt this Period

300.00

Full Name (Last, First, Middle Initial)

**B. BRANDI L IACONO**

Mailing Address 379 MAIN STREET

City

STATEN ISLAND

State

NY

Zip Code

10307-1725

FEC ID number of contributing  
federal political committee.

C

Name of Employer

UFCW Local No. 342

Occupation

L/U Representative

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
02 / 04 / 2014

**Transaction ID : 12236783**

Amount of Each Receipt this Period

300.00

Full Name (Last, First, Middle Initial)

**C. LOUIS LOIACONO**

Mailing Address 379 MAIN STREET

City

STATEN ISLAND

State

NY

Zip Code

10307-1725

FEC ID number of contributing  
federal political committee.

C

Name of Employer

UFCW Local No. 342

Occupation

L/U Representative

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
02 / 04 / 2014

**Transaction ID : 12236784**

Amount of Each Receipt this Period

300.00

**SUBTOTAL** of Receipts This Page (optional)..... ►

**TOTAL** This Period (last page this line number only)..... ►

900.00

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 11 OF 40

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

**UNITED FOOD AND COMMERCIAL WORKERS INTERNATIONAL UNION ACTIVE BALLOT CLUB**

Full Name (Last, First, Middle Initial)

**A. JOSE A LOPEZ**

Mailing Address 140 DEBS PLACE, APT. 17B

City  
BRONX

State  
NY

Zip Code  
10475-2552

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
UFCW Local No. 342

Occupation  
L/U Representative

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y Y  
02 / 04 / 2014

**Transaction ID : 12236785**

Amount of Each Receipt this Period

300.00

Full Name (Last, First, Middle Initial)

**B. MICHAEL N MARENO**

Mailing Address 179 CARLYLE GREEN

City

STATEN ISLAND

State

NY

Zip Code

10312-1719

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
UFCW Local No. 342

Occupation  
L/U Representative

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y Y  
02 / 04 / 2014

**Transaction ID : 12236786**

Amount of Each Receipt this Period

300.00

Full Name (Last, First, Middle Initial)

**C. CAROLINA MARTINEZ**

Mailing Address 1375 GRAND CONCOURSE  
APARTMENT 2B

City

BRONX

State

NY

Zip Code

10452-6722

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
UFCW Local No. 342

Occupation  
L/U Representative

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y Y  
02 / 04 / 2014

**Transaction ID : 12236787**

Amount of Each Receipt this Period

300.00

**SUBTOTAL** of Receipts This Page (optional)..... ►

**TOTAL** This Period (last page this line number only)..... ►

900.00

**SCHEDULE A (FEC Form 3X)**  
**ITEMIZED RECEIPTS**

 Use separate schedule(s)  
 for each category of the  
 Detailed Summary Page

 FOR LINE NUMBER:  
 (check only one)

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<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12	<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input type="checkbox"/> 17
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NAME OF COMMITTEE (In Full)

UNITED FOOD AND COMMERCIAL WORKERS INTERNATIONAL UNION ACTIVE BALLOT CLUB

Full Name (Last, First, Middle Initial) <b>A. KATHLEEN K MECKLER</b>		Date of Receipt M M / D D / Y Y Y Y Y 02 / 04 / 2014 <b>Transaction ID : 12236788</b>	
Mailing Address 300 LINN DRIVE APARTMENT C-13			
City VERONA	State NJ	Zip Code 07044-1327	
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 300.00	
Name of Employer U.F.C.W. International	Occupation International Representative		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 300.00		
Full Name (Last, First, Middle Initial) <b>B. GERARD MINETELLO</b>		Date of Receipt M M / D D / Y Y Y Y Y 02 / 04 / 2014 <b>Transaction ID : 12236789</b>	
Mailing Address 166 East Jericho Turnpike			
City Mineola	State NY	Zip Code 11501-2033	
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 216.00	
Name of Employer UFCW Local No. 342	Occupation L/U Representative		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 216.00		
Full Name (Last, First, Middle Initial) <b>C. MARGARET MONIER</b>		Date of Receipt M M / D D / Y Y Y Y Y 02 / 04 / 2014 <b>Transaction ID : 12236790</b>	
Mailing Address 11 WILDWOOD LANE			
City STATEN ISLAND	State NY	Zip Code 10307-1995	
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 300.00	
Name of Employer UFCW Local No. 342	Occupation L/U Representative		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 300.00		
<b>SUBTOTAL</b> of Receipts This Page (optional)..... ▶		816.00	
<b>TOTAL</b> This Period (last page this line number only)..... ▶			

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

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(check only one)

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NAME OF COMMITTEE (In Full)

**UNITED FOOD AND COMMERCIAL WORKERS INTERNATIONAL UNION ACTIVE BALLOT CLUB**

Full Name (Last, First, Middle Initial)

**A. LISA E O'LEARY**

Mailing Address 497-2 WILLOW ROAD E

City

STATEN ISLAND

State

NY

Zip Code

10314-1677

FEC ID number of contributing  
federal political committee.

C

Name of Employer

UFCW Local No. 342

Occupation

L/U Representative

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y Y  
02 / 04 / 2014

**Transaction ID : 12236791**

Amount of Each Receipt this Period

300.00

Full Name (Last, First, Middle Initial)

**B. ANTHONY PELLINO**

Mailing Address 166 East Jericho Turnpike

City

Mineola

State

NY

Zip Code

11501-2033

FEC ID number of contributing  
federal political committee.

C

Name of Employer

UFCW Local No. 342

Occupation

L/U Representative

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y Y  
02 / 04 / 2014

**Transaction ID : 12236792**

Amount of Each Receipt this Period

300.00

Full Name (Last, First, Middle Initial)

**C. JOHN J PIERMAN**

Mailing Address 35 CHESTNUT LANE

City

LEVITTOWN

State

NY

Zip Code

11756-4016

FEC ID number of contributing  
federal political committee.

C

Name of Employer

UFCW Local No. 342

Occupation

L/U Representative

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y Y  
02 / 04 / 2014

**Transaction ID : 12236793**

Amount of Each Receipt this Period

300.00

**SUBTOTAL** of Receipts This Page (optional)..... ►

**TOTAL** This Period (last page this line number only)..... ►

900.00

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

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NAME OF COMMITTEE (In Full)

**UNITED FOOD AND COMMERCIAL WORKERS INTERNATIONAL UNION ACTIVE BALLOT CLUB**

Full Name (Last, First, Middle Initial)

**A. ELIZABETH ALVAREZ**

Mailing Address 357 45TH STREET

City

BROOKLYN

State

NY

Zip Code

11220-1107

FEC ID number of contributing  
federal political committee.

C

Name of Employer

UFCW Local No. 342

Occupation

L/U Representative

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
02 / 04 / 2014

**Transaction ID : 12236794**

Amount of Each Receipt this Period

300.00

Full Name (Last, First, Middle Initial)

**B. DONALD PRONIEWYCH**

Mailing Address 177 MAPLE STREET

City

MEDFORD

State

NY

Zip Code

11763-4009

FEC ID number of contributing  
federal political committee.

C

Name of Employer

UFCW Local No. 342

Occupation

L/U Representative

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
02 / 04 / 2014

**Transaction ID : 12236795**

Amount of Each Receipt this Period

300.00

Full Name (Last, First, Middle Initial)

**C. DAVID RODRIGUEZ**

Mailing Address 58 WALNUT LANE

City

MIDDLETOWN

State

NY

Zip Code

10940-6801

FEC ID number of contributing  
federal political committee.

C

Name of Employer

UFCW Local No. 342

Occupation

L/U Representative

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
02 / 04 / 2014

**Transaction ID : 12236796**

Amount of Each Receipt this Period

300.00

**SUBTOTAL** of Receipts This Page (optional)..... ►

**TOTAL** This Period (last page this line number only)..... ►

900.00

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
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NAME OF COMMITTEE (In Full)

**UNITED FOOD AND COMMERCIAL WORKERS INTERNATIONAL UNION ACTIVE BALLOT CLUB**

Full Name (Last, First, Middle Initial)

**A. DAVID T YOUNG**

Mailing Address 497-2 WILLOW ROAD EAST

City

STATEN ISLAND

State

NY

Zip Code

10314-1677

FEC ID number of contributing  
federal political committee.

C

Name of Employer

UFCW Local No. 342

Occupation

L/U Representative

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
02 / 04 / 2014

**Transaction ID : 12236799**

Amount of Each Receipt this Period

300.00

Full Name (Last, First, Middle Initial)

**B. DEANA E ABONDOLO**

Mailing Address 24 FAIRLAWN AVENUE

City

STATEN ISLAND

State

NY

Zip Code

10308-3509

FEC ID number of contributing  
federal political committee.

C

Name of Employer

UFCW Local No. 342

Occupation

L/U Representative

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
02 / 04 / 2014

**Transaction ID : 12236800**

Amount of Each Receipt this Period

300.00

Full Name (Last, First, Middle Initial)

**C. STAN E CHAVIRA**

Mailing Address 13618 W DESERT FLOWER

City

GOODYEAR

State

AZ

Zip Code

85395-2227

FEC ID number of contributing  
federal political committee.

C

Name of Employer

UFCW Local No. 99

Occupation

L/U Representative

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

333.36

Date of Receipt

M M / D D / Y Y Y Y Y Y  
02 / 05 / 2014

**Transaction ID : 12240204**

Amount of Each Receipt this Period

83.34

**SUBTOTAL** of Receipts This Page (optional)..... ►

**TOTAL** This Period (last page this line number only)..... ►

683.34

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
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(check only one)

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NAME OF COMMITTEE (In Full)

**UNITED FOOD AND COMMERCIAL WORKERS INTERNATIONAL UNION ACTIVE BALLOT CLUB**

<p>Full Name (Last, First, Middle Initial)  <b>A. JAMES J MCLAUGHLIN</b></p> <p>Mailing Address 330 EAST PHELPS STREET</p> <p>City State Zip Code          GILBERT AZ 85295-1941</p> <p>FEC ID number of contributing federal political committee. <b>C</b></p> <p>Name of Employer Occupation          UFCW Local No. 99 L/U Representative</p> <p>Receipt For:  <input type="checkbox"/> Primary <input type="checkbox"/> General  <input type="checkbox"/> Other (specify) ▼</p> <p>Aggregate Year-to-Date ▼          333.36</p>		<p>Date of Receipt          M M / D D / Y Y Y Y Y          02 / 05 / 2014</p> <p><b>Transaction ID : 12240212</b></p> <p>Amount of Each Receipt this Period          83.34</p>
<p>Full Name (Last, First, Middle Initial)  <b>B. PAUL J RUBIN</b></p> <p>Mailing Address 3207 EAST LINDEN</p> <p>City State Zip Code          TUCSON AZ 85716-3202</p> <p>FEC ID number of contributing federal political committee. <b>C</b></p> <p>Name of Employer Occupation          UFCW Local No. 99 L/U Representative</p> <p>Receipt For:  <input type="checkbox"/> Primary <input type="checkbox"/> General  <input type="checkbox"/> Other (specify) ▼</p> <p>Aggregate Year-to-Date ▼          333.36</p>		<p>Date of Receipt          M M / D D / Y Y Y Y Y          02 / 05 / 2014</p> <p><b>Transaction ID : 12240216</b></p> <p>Amount of Each Receipt this Period          83.34</p>
<p>Full Name (Last, First, Middle Initial)  <b>C. RICHARD J WHALEN</b></p> <p>Mailing Address 21 HILLTOP BOULEVARD</p> <p>City State Zip Code          EAST BRUNSWICK NJ 08816-2833</p> <p>FEC ID number of contributing federal political committee. <b>C</b></p> <p>Name of Employer Occupation          U.F.C.W. International Int'l Vice President/Regional Dir.</p> <p>Receipt For:  <input type="checkbox"/> Primary <input type="checkbox"/> General  <input type="checkbox"/> Other (specify) ▼</p> <p>Aggregate Year-to-Date ▼          218.66</p>		<p>Date of Receipt          M M / D D / Y Y Y Y Y          02 / 18 / 2014</p> <p><b>Transaction ID : 12280899</b></p> <p>Amount of Each Receipt this Period          25.00</p>
<p><b>SUBTOTAL</b> of Receipts This Page (optional)..... ▶</p>		191.68
<p><b>TOTAL</b> This Period (last page this line number only)..... ▶</p>		



# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
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(check only one)

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☒ 11a ☐ 11b ☐ 11c ☐ 12  
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NAME OF COMMITTEE (In Full)

**UNITED FOOD AND COMMERCIAL WORKERS INTERNATIONAL UNION ACTIVE BALLOT CLUB**

Full Name (Last, First, Middle Initial)

**A. DAVID C SCHMITZ**

Mailing Address 809 WEST NICKERSON

City  
SEATTLE

State  
WA

Zip Code  
98119-1423

FEC ID number of contributing  
federal political committee.

C

Name of Employer

UFCW Local No. 21

Occupation

L/U Representative

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

246.66

Date of Receipt

M M / D D / Y Y Y Y Y Y  
02 / 20 / 2014

**Transaction ID : 12285358**

Amount of Each Receipt this Period

83.33

Full Name (Last, First, Middle Initial)

**B. THAIMINH H PHAM**

Mailing Address 5616 INDIAN HILLS DRIVE

City  
ARLINGTON

State  
TX

Zip Code  
76018-2427

FEC ID number of contributing  
federal political committee.

C

Name of Employer

U.F.C.W. International

Occupation

International Representative

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
02 / 21 / 2014

**Transaction ID : 12285863**

Amount of Each Receipt this Period

300.00

Full Name (Last, First, Middle Initial)

**C.**

Mailing Address

City

State

Zip Code

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Occupation

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

Date of Receipt

M M / D D / Y Y Y Y Y Y

Amount of Each Receipt this Period

**SUBTOTAL** of Receipts This Page (optional)..... ►

**TOTAL** This Period (last page this line number only)..... ►

383.33

9214.35

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
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NAME OF COMMITTEE (In Full)

**UNITED FOOD AND COMMERCIAL WORKERS INTERNATIONAL UNION ACTIVE BALLOT CLUB**

Full Name (Last, First, Middle Initial)

## **A. CAPITAL ONE BANK**

Mailing Address PO BOX 85508

City

RICHMOND

State

VA

Zip Code

23285-5508

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Occupation

Receipt For:

☐ Primary  
☐ Other (specify) ▼

☐ General

Aggregate Year-to-Date ▼

411.95

Date of Receipt

M M / D D / Y Y Y Y Y Y  
02 / 28 / 2014

Transaction ID : 12296183

Amount of Each Receipt this Period

198.70

Interest

Full Name (Last, First, Middle Initial)

## **B.**

Mailing Address

City

State

Zip Code

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Occupation

Receipt For:

☐ Primary  
☐ Other (specify) ▼

☐ General

Aggregate Year-to-Date ▼

Date of Receipt

M M / D D / Y Y Y Y Y Y

Amount of Each Receipt this Period

Full Name (Last, First, Middle Initial)

## **C.**

Mailing Address

City

State

Zip Code

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Occupation

Receipt For:

☐ Primary  
☐ Other (specify) ▼

☐ General

Aggregate Year-to-Date ▼

Date of Receipt

M M / D D / Y Y Y Y Y Y

Amount of Each Receipt this Period

**SUBTOTAL** of Receipts This Page (optional)..... ►

**TOTAL** This Period (last page this line number only)..... ►

198.70

198.70

**SCHEDULE B (FEC Form 3X)**  
**ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

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<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

**UNITED FOOD AND COMMERCIAL WORKERS INTERNATIONAL UNION ACTIVE BALLOT CLUB**

Full Name (Last, First, Middle Initial)

**A. JAMES COLLINS**

Mailing Address 334 E. MAIN

City	State	Zip Code
FREMONT	IA	52561

Purpose of Disbursement  
Fundraising Award

Candidate Name

Office Sought:	<input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President
State:	District:

Disbursement For:	<input type="checkbox"/> Primary <input type="checkbox"/> General
	<input type="checkbox"/> Other (specify) ▼

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
02		10		2014

**Transaction ID : 12246848**

Amount of Each Disbursement this Period

500.00
--------

Fundraising Award

Full Name (Last, First, Middle Initial)

**B. PAUL THOMAS**

Mailing Address 713 QUEEN ANNE AVENUE

City	State	Zip Code
OTTUMWA	IA	52501

Purpose of Disbursement  
Fundraising Award

Candidate Name

Office Sought:	<input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President
State:	District:

Disbursement For:	<input type="checkbox"/> Primary <input type="checkbox"/> General
	<input type="checkbox"/> Other (specify) ▼

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
02		10		2014

**Transaction ID : 12246849**

Amount of Each Disbursement this Period

500.00
--------

Fundraising Award

Full Name (Last, First, Middle Initial)

**C. SELENA SMITH**

Mailing Address POST OFFICE BOX 130

City	State	Zip Code
GLENWOOD	MO	63541

Purpose of Disbursement  
Fundraising Award

Candidate Name

Office Sought:	<input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President
State:	District:

Disbursement For:	<input type="checkbox"/> Primary <input type="checkbox"/> General
	<input type="checkbox"/> Other (specify) ▼

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
02		10		2014

**Transaction ID : 12246850**

Amount of Each Disbursement this Period

500.00
--------

Fundraising Award

**SUBTOTAL** of Disbursements This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

1500.00
---------

1500.00
---------

**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

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<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

**UNITED FOOD AND COMMERCIAL WORKERS INTERNATIONAL UNION ACTIVE BALLOT CLUB**

Full Name (Last, First, Middle Initial)

**A. PAC TO THE FUTURE**Mailing Address 430 SOUTH CAPITOL STREET, SE  
1ST FLOOR

City WASHINGTON State DC Zip Code 20003

Purpose of Disbursement  
Contribution

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ President  
State: District:Disbursement For:  
☐ Primary ☐ General  
☐ Other (specify) ▼

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
02		04		2014

**Transaction ID : 12236545**

Amount of Each Disbursement this Period

5000.00
---------

Contribution

Full Name (Last, First, Middle Initial)

**B. ROBIN KELLY FOR CONGRESS**

Mailing Address POST OFFICE BOX 6953

City CHICAGO State IL Zip Code 60680

Purpose of Disbursement  
Contribution

Candidate Name

**ROBIN KELLY**Office Sought: ☒ House  
☐ Senate  
☐ President  
State: IL District: 02Disbursement For: 2014  
☒ Primary ☐ General  
☐ Other (specify) ▼

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
02		04		2014

**Transaction ID : 12236546**

Amount of Each Disbursement this Period

2500.00
---------

Contribution

Full Name (Last, First, Middle Initial)

**C. BRINGING LEADERSHIP BACK PAC**

Mailing Address POST OFFICE BOX 2246

City WATERLOO State IA Zip Code 50704

Purpose of Disbursement  
Contribution

Candidate Name

**BRINGING LEADERSHIP BACK PAC**Office Sought: ☐ House  
☐ Senate  
☐ President  
State: District:Disbursement For:  
☐ Primary ☐ General  
☐ Other (specify) ▼

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
02		04		2014

**Transaction ID : 12236548**

Amount of Each Disbursement this Period

5000.00
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Contribution

**SUBTOTAL** of Disbursements This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

12500.00
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**SCHEDULE B (FEC Form 3X)**  
**ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

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<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

**UNITED FOOD AND COMMERCIAL WORKERS INTERNATIONAL UNION ACTIVE BALLOT CLUB**

Full Name (Last, First, Middle Initial)

**A. IOWA DEMOCRATIC PARTY**

Mailing Address POST OFFICE BOX 35053

City	State	Zip Code
DES MOINES	IA	50315

Purpose of Disbursement  
Contribution

Candidate Name

Office Sought:	<input type="checkbox"/> House
	<input type="checkbox"/> Senate
	<input type="checkbox"/> President

State: District:

Disbursement For:	<input type="checkbox"/> Primary	<input type="checkbox"/> General
	<input type="checkbox"/> Other (specify) ▼	

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
02		04		2014

**Transaction ID : 12236549**

Amount of Each Disbursement this Period

5000.00
---------

Contribution

Full Name (Last, First, Middle Initial)

**B. AMERICA'S LEADERSHIP PAC**

Mailing Address 328 MASSACHUSETTS AVENUE, NE

City	State	Zip Code
WASHINGTON	DC	20002

Purpose of Disbursement  
Contribution

Candidate Name

Office Sought:	<input type="checkbox"/> House
	<input type="checkbox"/> Senate
	<input type="checkbox"/> President

State: District:

Disbursement For:	<input type="checkbox"/> Primary	<input type="checkbox"/> General
	<input type="checkbox"/> Other (specify) ▼	

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
02		04		2014

**Transaction ID : 12236550**

Amount of Each Disbursement this Period

5000.00
---------

Contribution

Full Name (Last, First, Middle Initial)

**C. PEOPLE'S VOICE PAC**

Mailing Address 328 MASSACHUSETTS AVENUE, NE

City	State	Zip Code
WASHINGTON	DC	20002

Purpose of Disbursement  
Contribution

Candidate Name

Office Sought:	<input type="checkbox"/> House
	<input type="checkbox"/> Senate
	<input type="checkbox"/> President

State: District:

Disbursement For:	<input type="checkbox"/> Primary	<input type="checkbox"/> General
	<input type="checkbox"/> Other (specify) ▼	

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
02		04		2014

**Transaction ID : 12236551**

Amount of Each Disbursement this Period

5000.00
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Contribution

**SUBTOTAL** of Disbursements This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

15000.00
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**SCHEDULE B (FEC Form 3X)**  
**ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

PAGE 22 OF 40

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

**UNITED FOOD AND COMMERCIAL WORKERS INTERNATIONAL UNION ACTIVE BALLOT CLUB**

Full Name (Last, First, Middle Initial)

**A. CONGRESSIONAL BLACK CAUCUS PAC**Mailing Address 455 MASSACHUSETTS AVENUE, NW  
#150-355

City WASHINGTON State DC Zip Code 20001

Purpose of Disbursement  
Contribution

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ President  
State: District:Disbursement For:  
☐ Primary ☐ General  
☐ Other (specify) ▼

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
02		06		2014

**Transaction ID : 12240266**

Amount of Each Disbursement this Period

5000.00
---------

Contribution

Full Name (Last, First, Middle Initial)

**B. MICHAEL EGGMAN FOR CONGRESS**Mailing Address 3220 W. MONTE VISTA AVENUE  
#169

City TURLOCK State CA Zip Code 95380

Purpose of Disbursement  
Contribution

Candidate Name

**MICHAEL EGGMAN**Office Sought: ☒ House  
☐ Senate  
☐ President  
State: CA District: 10Disbursement For: 2014  
☐ Primary ☒ General  
☐ Other (specify) ▼

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
02		06		2014

**Transaction ID : 12240267**

Amount of Each Disbursement this Period

5000.00
---------

Contribution

Full Name (Last, First, Middle Initial)

**C. Connolly For Congress**

Mailing Address 3706 Prado Place

City Fairfax State VA Zip Code 22031

Purpose of Disbursement  
Contribution

Candidate Name

**Rep. Gerald E. Connolly**Office Sought: ☒ House  
☐ Senate  
☐ President  
State: VA District: 11Disbursement For: 2014  
☐ Primary ☒ General  
☐ Other (specify) ▼

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
02		10		2014

**Transaction ID : 12246851**

Amount of Each Disbursement this Period

1000.00
---------

Contribution

**SUBTOTAL** of Disbursements This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

11000.00
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**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

PAGE 23 OF 40

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

**UNITED FOOD AND COMMERCIAL WORKERS INTERNATIONAL UNION ACTIVE BALLOT CLUB**

Full Name (Last, First, Middle Initial)

**A. LOBIONDO FOR CONGRESS**Mailing Address C/O CAROLE GOEAS AND ASSOCIATES, L  
1707 PRINCE STREET, #5

City ALEXANDRIA State VA Zip Code 22314

Purpose of Disbursement  
Contribution

Candidate Name

**FRANK A LOBIONDO**Office Sought: ☒ House  
☐ Senate  
☐ PresidentDisbursement For: 2014  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: NJ District: 02

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
02		10		2014

**Transaction ID : 12246852**

Amount of Each Disbursement this Period

2500.00
---------

Contribution

Full Name (Last, First, Middle Initial)

**B. ALEX SINK FOR CONGRESS**

Mailing Address POST OFFICE BOX 17271

City CLEARWATER State FL Zip Code 33762

Purpose of Disbursement  
Voided Check from 1/15/2014

Candidate Name

**ALEX SINK**Office Sought: ☒ House  
☐ Senate  
☐ PresidentDisbursement For: 2014  
☐ Primary ☐ General  
☒ Other (specify) ▼  
Special-General2014

State: FL District: 13

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
02		10		2014

**Transaction ID : 12246905**

Amount of Each Disbursement this Period

-5000.00
----------

Voided Check from 1/15/2014

Full Name (Last, First, Middle Initial)

**C. RHODE ISLAND PAC**

Mailing Address POST OFFICE BOX 9107

City PROVIDENCE State RI Zip Code 02940

Purpose of Disbursement  
Contribution

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ PresidentDisbursement For:  
☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
02		11		2014

**Transaction ID : 12255955**

Amount of Each Disbursement this Period

5000.00
---------

Contribution

**SUBTOTAL** of Disbursements This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

2500.00
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**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

PAGE 24 OF 40

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

**UNITED FOOD AND COMMERCIAL WORKERS INTERNATIONAL UNION ACTIVE BALLOT CLUB**

Full Name (Last, First, Middle Initial)

**A. ALEX SINK FOR CONGRESS**

Mailing Address POST OFFICE BOX 17271

City CLEARWATER	State FL	Zip Code 33762
--------------------	-------------	-------------------

Purpose of Disbursement  
Contribution

Candidate Name

**ALEX SINK**Office Sought: ☒ House  
☐ Senate  
☐ PresidentDisbursement For: 2014  
☐ Primary ☐ General  
☒ Other (specify) ▼  
Special-General2014

State: FL District: 13

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
02		11		2014

**Transaction ID : 12255968**

Amount of Each Disbursement this Period

5000.00
---------

Contribution

Full Name (Last, First, Middle Initial)

**B. NATALIE TENNANT FOR SENATE**

Mailing Address POST OFFICE BOX 1063

City CHARLESTON	State WV	Zip Code 25324
--------------------	-------------	-------------------

Purpose of Disbursement  
Funds Reported On February 20, 2014 monthly report

Candidate Name

**NATALIE TENNANT**Office Sought: ☐ House  
☒ Senate  
☐ PresidentDisbursement For: 2014  
☐ Primary ☒ General  
☐ Other (specify) ▼

State: WV District:

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
01		23		2014

**Transaction ID : 12257736**

Amount of Each Disbursement this Period

5000.00
---------

**[MEMO ITEM]**

Funds Reported On February 20, 2014 monthly report

Full Name (Last, First, Middle Initial)

**C. NATALIE TENNANT FOR SENATE**

Mailing Address POST OFFICE BOX 1063

City CHARLESTON	State WV	Zip Code 25324
--------------------	-------------	-------------------

Purpose of Disbursement  
Re-designated funds for trans. dated 1/23/2014

Candidate Name

**NATALIE TENNANT**Office Sought: ☐ House  
☒ Senate  
☐ PresidentDisbursement For: 2014  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: WV District:

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
02		12		2014

**Transaction ID : 12257737**

Amount of Each Disbursement this Period

5000.00
---------

**[MEMO ITEM]**

Re-designated funds for trans. dated 1/23/2014

**SUBTOTAL** of Disbursements This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

5000.00
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**SCHEDULE B (FEC Form 3X)**  
**ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

PAGE 25 OF 40

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

**UNITED FOOD AND COMMERCIAL WORKERS INTERNATIONAL UNION ACTIVE BALLOT CLUB**

Full Name (Last, First, Middle Initial)

**A. 4D PAC**

Mailing Address 2815 11TH STREET, NW

City	State	Zip Code
WASHINGTON	DC	20001

Purpose of Disbursement  
Contribution

Candidate Name

Office Sought:	<input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President
State:	District:

Disbursement For:	<input type="checkbox"/> Primary <input type="checkbox"/> General
	<input type="checkbox"/> Other (specify) ▼

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
02		12		2014

**Transaction ID : 12261030**

Amount of Each Disbursement this Period

1000.00
---------

Contribution

Full Name (Last, First, Middle Initial)

**B. MOWRER FOR IOWA**

Mailing Address POST OFFICE BOX 9

City	State	Zip Code
BOONE	IA	50036

Purpose of Disbursement  
Contribution

Candidate Name

**JIM MOWRER**

Office Sought:	<input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President
State: IA	District: 04

Disbursement For: 2014	<input type="checkbox"/> Primary <input checked="" type="checkbox"/> General
	<input type="checkbox"/> Other (specify) ▼

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
02		18		2014

**Transaction ID : 12263515**

Amount of Each Disbursement this Period

5000.00
---------

Contribution

Full Name (Last, First, Middle Initial)

**C. HALTER FOR CONGRESS**Mailing Address 455 E. PIKES PEAK AVENUE  
#105

City	State	Zip Code
COLORADO SPRINGS	CO	80903

Purpose of Disbursement  
Contribution

Candidate Name

**IRV HALTER**

Office Sought:	<input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President
State: CO	District: 05

Disbursement For: 2014	<input checked="" type="checkbox"/> Primary <input type="checkbox"/> General
	<input type="checkbox"/> Other (specify) ▼

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
02		19		2014

**Transaction ID : 12277726**

Amount of Each Disbursement this Period

5000.00
---------

Contribution

**SUBTOTAL** of Disbursements This Page (optional).....▶**TOTAL** This Period (last page this line number only).....▶

11000.00
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**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

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<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

**UNITED FOOD AND COMMERCIAL WORKERS INTERNATIONAL UNION ACTIVE BALLOT CLUB**

Full Name (Last, First, Middle Initial)

**A. VIC MEYERS FOR CONGRESS**

Mailing Address POST OFFICE BOX 1492

City ELIZABETH	State CO	Zip Code 80107
-------------------	-------------	-------------------

Purpose of Disbursement  
Contribution

Candidate Name

**VIC MEYERS**

Office Sought:	<input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President
----------------	--

Disbursement For: 2014	<input checked="" type="checkbox"/> Primary <input type="checkbox"/> Other (specify) ▼	<input type="checkbox"/> General
------------------------	---	----------------------------------

State: CO District: 04

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
02		19		2014

**Transaction ID : 12277727**

Amount of Each Disbursement this Period

5000.00
---------

Contribution

Full Name (Last, First, Middle Initial)

**B. KATHLEEN RICE FOR CONGRESS**

Mailing Address POST OFFICE BOX 744

City MINEOLA	State NY	Zip Code 11501
-----------------	-------------	-------------------

Purpose of Disbursement  
Contribution

Candidate Name

**KATHLEEN RICE**

Office Sought:	<input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President
----------------	--

Disbursement For: 2014	<input type="checkbox"/> Primary <input type="checkbox"/> Other (specify) ▼	<input checked="" type="checkbox"/> General
------------------------	--	---

State: NY District: 04

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
02		19		2014

**Transaction ID : 12277730**

Amount of Each Disbursement this Period

5000.00
---------

Contribution

Full Name (Last, First, Middle Initial)

**C. MCCOLLUM FOR CONGRESS**

Mailing Address POST OFFICE BOX 14131

City ST. PAUL	State MN	Zip Code 55114
------------------	-------------	-------------------

Purpose of Disbursement  
Contribution

Candidate Name

**BETTY MCCOLLUM**

Office Sought:	<input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President
----------------	--

Disbursement For: 2014	<input checked="" type="checkbox"/> Primary <input type="checkbox"/> Other (specify) ▼	<input type="checkbox"/> General
------------------------	---	----------------------------------

State: MN District: 04

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
02		19		2014

**Transaction ID : 12277734**

Amount of Each Disbursement this Period

1000.00
---------

Contribution

**SUBTOTAL** of Disbursements This Page (optional).....▶**TOTAL** This Period (last page this line number only).....▶

11000.00
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**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

PAGE 27 OF 40

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

**UNITED FOOD AND COMMERCIAL WORKERS INTERNATIONAL UNION ACTIVE BALLOT CLUB**

Full Name (Last, First, Middle Initial)

**A. PEOPLE FOR RICK WEILAND**

Mailing Address POST OFFICE BOX 1488

City	State	Zip Code
SIOUX FALLS	SD	57101

Purpose of Disbursement  
Contribution

Candidate Name

**RICK WEILAND**

Office Sought:

☐ House  
☒ Senate  
☐ President

Disbursement For: 2014

☐ Primary ☒ General  
☐ Other (specify) ▼

State: SD District:

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
02	/	19	/	2014

**Transaction ID : 12277736**

Amount of Each Disbursement this Period

5000.00
---------

Contribution

Full Name (Last, First, Middle Initial)

**B. VISCLOSKY FOR CONGRESS**

Mailing Address POST OFFICE BOX 10003

City	State	Zip Code
MERRILLVILLE	IN	46410

Purpose of Disbursement  
Contribution

Candidate Name

**PETER VISCLOSKY**

Office Sought:

☒ House  
☐ Senate  
☐ President

Disbursement For: 2014

☒ Primary ☐ General  
☐ Other (specify) ▼

State: IN District: 01

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
02	/	19	/	2014

**Transaction ID : 12277737**

Amount of Each Disbursement this Period

2500.00
---------

Contribution

Full Name (Last, First, Middle Initial)

**C. BONAMICI FOR CONGRESS**

Mailing Address 2236 SE 10TH AVENUE

City	State	Zip Code
PORTLAND	OR	97214

Purpose of Disbursement  
Contribution

Candidate Name

**SUZANNE BONAMICI**

Office Sought:

☒ House  
☐ Senate  
☐ President

Disbursement For: 2014

☐ Primary ☒ General  
☐ Other (specify) ▼

State: OR District: 01

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
02	/	21	/	2014

**Transaction ID : 12285224**

Amount of Each Disbursement this Period

2500.00
---------

Contribution

**SUBTOTAL** of Disbursements This Page (optional).....▶**TOTAL** This Period (last page this line number only).....▶

10000.00
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**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

PAGE 28 OF 40

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

**UNITED FOOD AND COMMERCIAL WORKERS INTERNATIONAL UNION ACTIVE BALLOT CLUB**

Full Name (Last, First, Middle Initial)

**A. BLUMENAUER FOR CONGRESS**

Mailing Address 830 NE HOLLADAY, #105

City	State	Zip Code
PORTLAND	OR	97232

Purpose of Disbursement  
Contribution

Candidate Name

**EARL BLUMENAUER**

Office Sought:	<input checked="" type="checkbox"/> House
	<input type="checkbox"/> Senate
	<input type="checkbox"/> President

Disbursement For: 2014

<input type="checkbox"/> Primary	<input checked="" type="checkbox"/> General
<input type="checkbox"/> Other (specify) ▼	

State: OR District: 03

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
02		21		2014

**Transaction ID : 12285225**

Amount of Each Disbursement this Period

5000.00
---------

Contribution

Full Name (Last, First, Middle Initial)

**B. DEFAZIO FOR CONGRESS**

Mailing Address POST OFFICE BOX 1316

City	State	Zip Code
SPRINGFIELD	OR	97477

Purpose of Disbursement  
Contribution

Candidate Name

**PETER DEFAZIO**

Office Sought:	<input checked="" type="checkbox"/> House
	<input type="checkbox"/> Senate
	<input type="checkbox"/> President

Disbursement For: 2014

<input checked="" type="checkbox"/> Primary	<input type="checkbox"/> General
<input type="checkbox"/> Other (specify) ▼	

State: OR District: 03

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
02		21		2014

**Transaction ID : 12285226**

Amount of Each Disbursement this Period

2500.00
---------

Contribution

Full Name (Last, First, Middle Initial)

**C. OREGON WORKING FAMILIES PARTY**

Mailing Address 333 SE 2ND AVENUE

City	State	Zip Code
PORTLAND	OR	97214

Purpose of Disbursement  
Contribution

Candidate Name

Office Sought:	<input type="checkbox"/> House
	<input type="checkbox"/> Senate
	<input type="checkbox"/> President

Disbursement For:

<input type="checkbox"/> Primary	<input type="checkbox"/> General
<input type="checkbox"/> Other (specify) ▼	

State: District:

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
02		21		2014

**Transaction ID : 12285227**

Amount of Each Disbursement this Period

5000.00
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Contribution

**SUBTOTAL** of Disbursements This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

12500.00
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**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

PAGE 29 OF 40

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

**UNITED FOOD AND COMMERCIAL WORKERS INTERNATIONAL UNION ACTIVE BALLOT CLUB**

Full Name (Last, First, Middle Initial)

**A. MIKE THOMPSON FOR CONGRESS**

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
02		24		2014

Mailing Address POST OFFICE BOX 1998

City	State	Zip Code
ST. HELENA	CA	94574

**Transaction ID : 12285865**Purpose of Disbursement  
Contribution

011

Amount of Each Disbursement this Period

1000.00
---------

Candidate Name

**MIKE THOMPSON**Category/  
Type

Office Sought:	<input checked="" type="checkbox"/> House
	<input type="checkbox"/> Senate
	<input type="checkbox"/> President

Disbursement For: 2014
<input checked="" type="checkbox"/> Primary <input type="checkbox"/> General
<input type="checkbox"/> Other (specify) ▼

Contribution

State: CA District: 01

Full Name (Last, First, Middle Initial)

**B. Tim Ryan For Congress**

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
02		24		2014

Mailing Address 1600 Roosevelt Avenue

City	State	Zip Code
Niles	OH	44446

**Transaction ID : 12285866**Purpose of Disbursement  
Contribution

011

Amount of Each Disbursement this Period

5000.00
---------

Candidate Name

**Rep. Timothy J. Ryan**Category/  
Type

Office Sought:	<input checked="" type="checkbox"/> House
	<input type="checkbox"/> Senate
	<input type="checkbox"/> President

Disbursement For: 2014
<input type="checkbox"/> Primary <input checked="" type="checkbox"/> General
<input type="checkbox"/> Other (specify) ▼

Contribution

State: OH District: 13

Full Name (Last, First, Middle Initial)

**C. MARCIA FUDGE FOR CONGRESS**

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
02		24		2014

Mailing Address 4834 RICHMOND ROAD  
SUITE 150

City	State	Zip Code
WARRENSVILLE HEIGHTS	OH	44128

**Transaction ID : 12285867**Purpose of Disbursement  
Contribution

011

Amount of Each Disbursement this Period

5000.00
---------

Candidate Name

**MARCIA FUDGE**Category/  
Type

Office Sought:	<input checked="" type="checkbox"/> House
	<input type="checkbox"/> Senate
	<input type="checkbox"/> President

Disbursement For: 2014
<input checked="" type="checkbox"/> Primary <input type="checkbox"/> General
<input type="checkbox"/> Other (specify) ▼

Contribution

State: OH District: 11

**SUBTOTAL** of Disbursements This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

11000.00

**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

PAGE 30 OF 40

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

**UNITED FOOD AND COMMERCIAL WORKERS INTERNATIONAL UNION ACTIVE BALLOT CLUB**

Full Name (Last, First, Middle Initial)

**A. MCNERNEY FOR CONGRESS**

Mailing Address POST OFFICE BOX 690371

City STOCKTON	State CA	Zip Code 95269
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Purpose of Disbursement  
Contribution

Candidate Name

**JERRY MCNERNEY**Office Sought: ☒ House  
☐ Senate  
☐ PresidentDisbursement For: 2014  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: CA District: 09

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
02		25		2014

**Transaction ID : 12287431**

Amount of Each Disbursement this Period

5000.00
---------

Contribution

Full Name (Last, First, Middle Initial)

**B. CLARKE FOR CONGRESS**

Mailing Address 504 FLATBUSH AVENUE

City BROOKLYN	State NY	Zip Code 11225
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Purpose of Disbursement  
Contribution

Candidate Name

**YVETTE CLARKE**Office Sought: ☒ House  
☐ Senate  
☐ PresidentDisbursement For: 2014  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: NY District: 11

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
02		26		2014

**Transaction ID : 12287767**

Amount of Each Disbursement this Period

2500.00
---------

Contribution

Full Name (Last, First, Middle Initial)

**C. JAMES LEE WITT FOR CONGRESS**

Mailing Address POST OFFICE BOX 36

City DARDANELLE	State AR	Zip Code 72834
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Purpose of Disbursement  
Contribution

Candidate Name

**JAMES LEE WITT**Office Sought: ☒ House  
☐ Senate  
☐ PresidentDisbursement For: 2014  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: AR District: 04

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
02		26		2014

**Transaction ID : 12287768**

Amount of Each Disbursement this Period

2600.00
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Contribution

**SUBTOTAL** of Disbursements This Page (optional).....▶**TOTAL** This Period (last page this line number only).....▶

10100.00
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**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

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<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

**UNITED FOOD AND COMMERCIAL WORKERS INTERNATIONAL UNION ACTIVE BALLOT CLUB**

Full Name (Last, First, Middle Initial)

**A. RE-ELECT BENNIE THOMPSON**

Mailing Address POST OFFICE BOX 100

City BOLTON	State MS	Zip Code 39041
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Purpose of Disbursement  
Contribution

Candidate Name

**BENNIE THOMPSON**Office Sought: ☒ House  
☐ Senate  
☐ PresidentDisbursement For: 2014  
☐ Primary ☒ General  
☐ Other (specify) ▼

State: MS District: 02

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
02		27		2014

**Transaction ID : 12287881**

Amount of Each Disbursement this Period

5000.00
---------

Contribution

Full Name (Last, First, Middle Initial)

**B. ERIN BILBRAY FOR CONGRESS**Mailing Address 9101 WEST SAHARA AVENUE  
SUITE 105-B20

City LAS VEGAS	State NV	Zip Code 89117
-------------------	-------------	-------------------

Purpose of Disbursement  
Contribution

Candidate Name

**ERIN BILBRAY**Office Sought: ☒ House  
☐ Senate  
☐ PresidentDisbursement For: 2014  
☐ Primary ☒ General  
☐ Other (specify) ▼

State: NV District: 03

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
02		27		2014

**Transaction ID : 12287882**

Amount of Each Disbursement this Period

2500.00
---------

Contribution

Full Name (Last, First, Middle Initial)

**C. Keep Nick Rahall In Congress Committee**

Mailing Address P O Box 64

City Beckley	State WV	Zip Code 25801
-----------------	-------------	-------------------

Purpose of Disbursement  
Contribution

Candidate Name

**Rep. Nick Joe Rahall II**Office Sought: ☒ House  
☐ Senate  
☐ PresidentDisbursement For: 2014  
☐ Primary ☒ General  
☐ Other (specify) ▼

State: WV District: 03

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
02		28		2014

**Transaction ID : 12288360**

Amount of Each Disbursement this Period

4000.00
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Contribution

**SUBTOTAL** of Disbursements This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

11500.00
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**SCHEDULE B (FEC Form 3X)**  
**ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

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<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

**UNITED FOOD AND COMMERCIAL WORKERS INTERNATIONAL UNION ACTIVE BALLOT CLUB**

Full Name (Last, First, Middle Initial)

**A. SOLIDARITY PAC**

Mailing Address 228 2ND STREET SE

City  
WASHINGTONState  
DCZip Code  
20003Purpose of Disbursement  
Contribution

011

Candidate Name

**SOLIDARITY PAC**

Office Sought:

☐ House  
☐ Senate  
☐ President

Disbursement For:

☐ Primary ☐ General  
☐ Other (specify) ▼

State:

District:

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
02		28		2014

**Transaction ID : 12288504**

Amount of Each Disbursement this Period

5000.00
---------

Contribution

Full Name (Last, First, Middle Initial)

**B. Larson For Congress**

Mailing Address PO Box 261172

City  
HartfordState  
CTZip Code  
06126Purpose of Disbursement  
Contribution

011

Candidate Name

**Rep. John B. Larson**

Office Sought:

☒ House  
☐ Senate  
☐ President

Disbursement For: 2014

☒ Primary ☐ General  
☐ Other (specify) ▼

State: CT

District: 01

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
02		28		2014

**Transaction ID : 12288505**

Amount of Each Disbursement this Period

2500.00
---------

Contribution

Full Name (Last, First, Middle Initial)

**C. LOIS FRANKEL FOR CONGRESS**

Mailing Address POST OFFICE BOX 775

City  
WEST PALM BEACHState  
FLZip Code  
33402Purpose of Disbursement  
Contribution

011

Candidate Name

**LOIS FRANKEL**

Office Sought:

☒ House  
☐ Senate  
☐ President

Disbursement For: 2014

☐ Primary ☒ General  
☐ Other (specify) ▼

State: FL

District: 22

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
02		28		2014

**Transaction ID : 12288513**

Amount of Each Disbursement this Period

2500.00
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Contribution

**SUBTOTAL** of Disbursements This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

10000.00
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**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

PAGE 33 OF 40

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

**UNITED FOOD AND COMMERCIAL WORKERS INTERNATIONAL UNION ACTIVE BALLOT CLUB**

Full Name (Last, First, Middle Initial)

**A. ROBIN KELLY FOR CONGRESS**

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
02		28		2014

Mailing Address POST OFFICE BOX 6953

City	State	Zip Code
CHICAGO	IL	60680

**Transaction ID : 12288514**Purpose of Disbursement  
Contribution

011

Amount of Each Disbursement this Period

5000.00
---------

Candidate Name

**ROBIN KELLY**Category/  
Type

Office Sought:	<input checked="" type="checkbox"/> House
	<input type="checkbox"/> Senate
	<input type="checkbox"/> President

Disbursement For: 2014
<input type="checkbox"/> Primary <input checked="" type="checkbox"/> General
<input type="checkbox"/> Other (specify) ▼

Contribution

State: IL District: 02

Full Name (Last, First, Middle Initial)

**B. The Niki Tsongas Committee**

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
02		28		2014

Mailing Address PO Box 1454

City	State	Zip Code
Lowell	MA	01853

**Transaction ID : 12288516**Purpose of Disbursement  
Contribution

011

Amount of Each Disbursement this Period

2500.00
---------

Candidate Name

**Rep. Niki S. Tsongas**Category/  
Type

Office Sought:	<input checked="" type="checkbox"/> House
	<input type="checkbox"/> Senate
	<input type="checkbox"/> President

Disbursement For: 2014
<input checked="" type="checkbox"/> Primary <input type="checkbox"/> General
<input type="checkbox"/> Other (specify) ▼

Contribution

State: MA District: 03

Full Name (Last, First, Middle Initial)

**C.**

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
-------	---	-------	---	-------------

Mailing Address

City	State	Zip Code
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Amount of Each Disbursement this Period

Purpose of Disbursement

Category/  
Type

Candidate Name

Office Sought:	<input type="checkbox"/> House
	<input type="checkbox"/> Senate
	<input type="checkbox"/> President

Disbursement For:
<input type="checkbox"/> Primary <input type="checkbox"/> General
<input type="checkbox"/> Other (specify) ▼

State: District:

**SUBTOTAL** of Disbursements This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

7500.00

140600.00

**SCHEDULE B (FEC Form 3X)**  
**ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

PAGE 34 OF 40

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input checked="" type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

**UNITED FOOD AND COMMERCIAL WORKERS INTERNATIONAL UNION ACTIVE BALLOT CLUB**

Full Name (Last, First, Middle Initial)

**A. HAMILTON COUNTY DEMOCRATIC PARTY**

Mailing Address 6109 WEBBLAND PLACE

City	State	Zip Code
CINCINNATI	OH	45213

Purpose of Disbursement  
Non-Federal Contribution

Candidate Name

Office Sought:	<input type="checkbox"/> House
	<input type="checkbox"/> Senate
	<input type="checkbox"/> President

State: District:

Disbursement For:	<input type="checkbox"/> Primary	<input type="checkbox"/> General
	<input type="checkbox"/> Other (specify) ▼	

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
02		04		2014

**Transaction ID : 12235694**

Amount of Each Disbursement this Period

3000.00
---------

Non-Federal Contribution

Full Name (Last, First, Middle Initial)

**B. MONTGOMERY COUNTY DEMOCRATIC PARTY**

Mailing Address 131 S. WILKINSON STREET

City	State	Zip Code
DAYTON	OH	45402

Purpose of Disbursement  
Non-Federal Contribution

Candidate Name

Office Sought:	<input type="checkbox"/> House
	<input type="checkbox"/> Senate
	<input type="checkbox"/> President

State: District:

Disbursement For:	<input type="checkbox"/> Primary	<input type="checkbox"/> General
	<input type="checkbox"/> Other (specify) ▼	

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
02		04		2014

**Transaction ID : 12235695**

Amount of Each Disbursement this Period

2500.00
---------

Non-Federal Contribution

Full Name (Last, First, Middle Initial)

**C. BRYANT FOR OH**

Mailing Address 1620 OTTE AVENUE

City	State	Zip Code
CINCINNATI	OH	45223

Purpose of Disbursement  
Non-Federal Contribution

Candidate Name

**CHRISTIE BRYANT**

Office Sought:	<input checked="" type="checkbox"/> House
	<input type="checkbox"/> Senate
	<input type="checkbox"/> President

State: OH District: 32

Disbursement For:	2014
	<input checked="" type="checkbox"/> Primary <input type="checkbox"/> General
	<input type="checkbox"/> Other (specify) ▼

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
02		04		2014

**Transaction ID : 12235696**

Amount of Each Disbursement this Period

1000.00
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Non-Federal Contribution

**SUBTOTAL** of Disbursements This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

6500.00
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**SCHEDULE B (FEC Form 3X)**  
**ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

PAGE 35 OF 40

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input checked="" type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

**UNITED FOOD AND COMMERCIAL WORKERS INTERNATIONAL UNION ACTIVE BALLOT CLUB**

Full Name (Last, First, Middle Initial)

**A. PENNSYLVANIA DEMOCRATIC PARTY**

Mailing Address POST OFFICE BOX 22656

City	State	Zip Code
PHILADELPHIA	PA	19110

Purpose of Disbursement  
Non-Federal Contribution

Candidate Name

Office Sought:	<input type="checkbox"/> House
	<input type="checkbox"/> Senate
	<input type="checkbox"/> President
State:	District:

Disbursement For:
<input type="checkbox"/> Primary <input type="checkbox"/> General
<input type="checkbox"/> Other (specify) ▼

011

Category/  
Type

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
02	/	04	/	2014

**Transaction ID : 12235697**

Amount of Each Disbursement this Period

5000.00
---------

Non-Federal Contribution

Full Name (Last, First, Middle Initial)

**B. CITIZENS FOR HUGHES**

Mailing Address POST OFFICE BOX 13031

City	State	Zip Code
PHILADELPHIA	PA	19101

Purpose of Disbursement  
Non-Federal Contribution

Candidate Name

**VINCENT HUGHES**

Office Sought:	<input type="checkbox"/> House
	<input checked="" type="checkbox"/> Senate
	<input type="checkbox"/> President
State: PA	District:

Disbursement For: 2014
<input checked="" type="checkbox"/> Primary <input type="checkbox"/> General
<input type="checkbox"/> Other (specify) ▼

011

Category/  
Type

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
02	/	04	/	2014

**Transaction ID : 12235698**

Amount of Each Disbursement this Period

5000.00
---------

Non-Federal Contribution

Full Name (Last, First, Middle Initial)

**C. FRIENDS TO ELECT CHRISTINE TARTAGLIONE**

Mailing Address POST OFFICE BOX 28566

City	State	Zip Code
PHILADELPHIA	PA	19149

Purpose of Disbursement  
Non-Federal Contribution

Candidate Name

**CHRISTINE TARTAGLIONE**

Office Sought:	<input type="checkbox"/> House
	<input checked="" type="checkbox"/> Senate
	<input type="checkbox"/> President
State: PA	District:

Disbursement For: 2014
<input checked="" type="checkbox"/> Primary <input type="checkbox"/> General
<input type="checkbox"/> Other (specify) ▼

011

Category/  
Type

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
02	/	04	/	2014

**Transaction ID : 12235699**

Amount of Each Disbursement this Period

5000.00
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Non-Federal Contribution

**SUBTOTAL** of Disbursements This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

15000.00
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**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

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<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input checked="" type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

**UNITED FOOD AND COMMERCIAL WORKERS INTERNATIONAL UNION ACTIVE BALLOT CLUB**

Full Name (Last, First, Middle Initial)

**A. JAY COSTA FOR STATE SENATE**

Mailing Address 314 NEWPORT ROAD

City PITTSBURGH	State PA	Zip Code 15221
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Purpose of Disbursement  
Non-Federal Contribution

011

Candidate Name

**JAY COSTA**Category/  
Type

Office Sought:	<input type="checkbox"/> House
	<input checked="" type="checkbox"/> Senate
	<input type="checkbox"/> President

Disbursement For: 2014
<input checked="" type="checkbox"/> Primary <input type="checkbox"/> General
<input type="checkbox"/> Other (specify) ▼

State: PA District:

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
02		04		2014

**Transaction ID : 12235700**

Amount of Each Disbursement this Period

5000.00
---------

Non-Federal Contribution

Full Name (Last, First, Middle Initial)

**B. DEMOCRATIC STATE SENATE CAMPAIGN COMMITTEE**

Mailing Address POST OFFICE BOX 3792

City HARRISBURG	State PA	Zip Code 17105
--------------------	-------------	-------------------

Purpose of Disbursement  
Non-Federal Contribution

011

Candidate Name

Category/  
Type

Office Sought:	<input type="checkbox"/> House
	<input type="checkbox"/> Senate
	<input type="checkbox"/> President

Disbursement For:
<input type="checkbox"/> Primary <input type="checkbox"/> General
<input type="checkbox"/> Other (specify) ▼

State: District:

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
02		04		2014

**Transaction ID : 12235701**

Amount of Each Disbursement this Period

5000.00
---------

Non-Federal Contribution

Full Name (Last, First, Middle Initial)

**C. MCCORD FOR GOVERNOR**Mailing Address 24 N. BRYN MAWR AVENUE  
#266

City BRYN MAWR	State PA	Zip Code 19010
-------------------	-------------	-------------------

Purpose of Disbursement  
Non-Federal Contribution

011

Candidate Name

**ROB MCCORD**Category/  
Type

Office Sought:	<input type="checkbox"/> House
	<input type="checkbox"/> Senate
	<input type="checkbox"/> President

Disbursement For: 2014
<input checked="" type="checkbox"/> Primary <input type="checkbox"/> General
<input type="checkbox"/> Other (specify) ▼

State: District:

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
02		04		2014

**Transaction ID : 12235702**

Amount of Each Disbursement this Period

5000.00
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Non-Federal Contribution

**SUBTOTAL** of Disbursements This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

15000.00
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**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

PAGE 37 OF 40

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input checked="" type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

**UNITED FOOD AND COMMERCIAL WORKERS INTERNATIONAL UNION ACTIVE BALLOT CLUB**

Full Name (Last, First, Middle Initial)

**A. FRIENDS OF FRANK DERMODY**

Mailing Address POST OFFICE BOX 274

City TARENTUM	State PA	Zip Code 15084
------------------	-------------	-------------------

Purpose of Disbursement  
Non-Federal Contribution

Candidate Name

**FRANK DERMODY**Office Sought: ☒ House  
☐ Senate  
☐ PresidentDisbursement For: 2014  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: PA District: 33

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
02		04		2014

**Transaction ID : 12235703**

Amount of Each Disbursement this Period

2500.00
---------

Non-Federal Contribution

Full Name (Last, First, Middle Initial)

**B. KATHLEEN KANE FOR PENNSYLVANIA**

Mailing Address POST OFFICE BOX 20090

City SCRANTON	State PA	Zip Code 18503
------------------	-------------	-------------------

Purpose of Disbursement  
Non-Federal Contribution

Candidate Name

**KATHLEEN KANE**Office Sought: ☐ House  
☐ Senate  
☐ PresidentDisbursement For: 2014  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
02		04		2014

**Transaction ID : 12235704**

Amount of Each Disbursement this Period

5000.00
---------

Non-Federal Contribution

Full Name (Last, First, Middle Initial)

**C. FRIENDS OF MIKE HANNA**

Mailing Address POST OFFICE BOX 391

City HARRISBURG	State PA	Zip Code 17108
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Purpose of Disbursement  
Non-Federal Contribution

Candidate Name

**Representa Michael Hanna Sr.**Office Sought: ☒ House  
☐ Senate  
☐ PresidentDisbursement For: 2014  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: PA District: 76

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
02		04		2014

**Transaction ID : 12235705**

Amount of Each Disbursement this Period

2500.00
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Non-Federal Contribution

**SUBTOTAL** of Disbursements This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

10000.00
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**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

PAGE 38 OF 40

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input checked="" type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

**UNITED FOOD AND COMMERCIAL WORKERS INTERNATIONAL UNION ACTIVE BALLOT CLUB**

Full Name (Last, First, Middle Initial)

**A. SENATE REPUBLICAN CAMPAIGN COMMITTEE**

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
02		04		2014

Mailing Address PO Box 792

City	State	Zip Code
Harrisburg	PA	17108

**Transaction ID : 12235706**Purpose of Disbursement  
Non-Federal Contribution

Amount of Each Disbursement this Period

Candidate Name

011

Category/  
Type

5000.00

Office Sought:	<input type="checkbox"/> House
	<input type="checkbox"/> Senate
	<input type="checkbox"/> President

Disbursement For:	<input type="checkbox"/> Primary	<input type="checkbox"/> General
	<input type="checkbox"/> Other (specify) ▼	

Non-Federal Contribution

State: District:

Full Name (Last, First, Middle Initial)

**B. PENNSYLVANIA HOUSE DEMOCRATIC CAMPAIGN COMMITTEE**

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
02		04		2014

Mailing Address PO BOX 555  
FEDERAL SQUARE STATION

City	State	Zip Code
HARRISBURG	PA	17108

**Transaction ID : 12235707**Purpose of Disbursement  
Non-Federal Contribution

Amount of Each Disbursement this Period

Candidate Name

011

Category/  
Type

5000.00

Office Sought:	<input type="checkbox"/> House
	<input type="checkbox"/> Senate
	<input type="checkbox"/> President

Disbursement For:	<input type="checkbox"/> Primary	<input type="checkbox"/> General
	<input type="checkbox"/> Other (specify) ▼	

Non-Federal Contribution

State: District:

Full Name (Last, First, Middle Initial)

**C. DEMOCRATIC GOVERNORS ASSOCIATION**

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
02		05		2014

Mailing Address 1401 K STREET, NW  
SUITE 200

City	State	Zip Code
WASHINGTON	DC	20005

**Transaction ID : 12240005**Purpose of Disbursement  
Non-Federal Contribution

Amount of Each Disbursement this Period

Candidate Name

011

Category/  
Type

150000.00

Office Sought:	<input type="checkbox"/> House
	<input type="checkbox"/> Senate
	<input type="checkbox"/> President

Disbursement For:	<input type="checkbox"/> Primary	<input type="checkbox"/> General
	<input type="checkbox"/> Other (specify) ▼	

Non-Federal Contribution

State: District:

**SUBTOTAL** of Disbursements This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

160000.00

**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

PAGE 39 OF 40

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input checked="" type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

**UNITED FOOD AND COMMERCIAL WORKERS INTERNATIONAL UNION ACTIVE BALLOT CLUB**

Full Name (Last, First, Middle Initial)

**A. ILLINOIS FREEDOM PAC**Mailing Address 150 N. MICHIGAN AVENUE  
SUITE 2130

City CHICAGO State IL Zip Code 60601

Purpose of Disbursement  
Non-Federal Contribution

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ PresidentDisbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
02	/	12	/	2014

**Transaction ID : 12257039**

Amount of Each Disbursement this Period

150000.00
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Non-Federal Contribution

Full Name (Last, First, Middle Initial)

**B. OHIO DEMOCRATIC PARTY**

Mailing Address 340 EAST FULTON STREET

City COLUMBUS State OH Zip Code 43215

Purpose of Disbursement  
Non-Federal Contribution

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ PresidentDisbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
02	/	19	/	2014

**Transaction ID : 12277735**

Amount of Each Disbursement this Period

10000.00
----------

Non-Federal Contribution

Full Name (Last, First, Middle Initial)

**C. PROGRESS PITTSBURGH PAC**

Mailing Address POST OFFICE BOX 40384

City PITTSBURGH State PA Zip Code 15201

Purpose of Disbursement  
Non-Federal Contribution

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ PresidentDisbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
02	/	20	/	2014

**Transaction ID : 12284995**

Amount of Each Disbursement this Period

1000.00
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Non-Federal Contribution

**SUBTOTAL** of Disbursements This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

161000.00
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	21b		22		23		24		25		26
	27		28a		28b		28c		X 29		30b

UNITED FOOD AND COMMERCIAL WORKERS INTERNATIONAL UNION ACTIVE BALLOT CLUB

### A. MAINE AFL-CIO

Three credit cards are shown side-by-side. The first card has the number 02, the second has 21, and the third has 2014. Each card has a small logo in the top left corner.

011

Category/  
Type

Disbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

Non-Federal Contribution

**B.**

Category/  
Type

Disbursement For:

<input type="checkbox"/>	Primary	<input type="checkbox"/>	General
<input type="checkbox"/>	Other (specify) ▼		

State:  District:

**C.**

Category/  
Type

Disbursement For:

<input type="checkbox"/>	Primary	<input type="checkbox"/>	General
<input type="checkbox"/>	Other (specify) ▼		

State:  District:

1000.00

368500.00